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PTO/SB/05 (4/98)  
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# UTILITY PATENT APPLICATION TRANSMITTAL

(Only for new nonprovisional applications under 37 C.F.R. § 1.53(b))

Attorney Docket No.

First Inventor or Application Identifier

Title Dumbwaiter elevating and lowering platform

Express Mail Label No.

## APPLICATION ELEMENTS

See MPEP chapter 600 concerning utility patent application contents.

1. ☒ \* Fee Transmittal Form (e.g., PTO/SB/17)  
(Submit an original and a duplicate for fee processing)
2. ☒ Specification [Total Pages 4]  
(preferred arrangement set forth below)
  - Descriptive title of the Invention
  - Cross References to Related Applications
  - Statement Regarding Fed sponsored R & D
  - Reference to Microfiche Appendix
  - Background of the Invention
  - Brief Summary of the Invention
  - Brief Description of the Drawings (if filed)
  - Detailed Description
  - Claim(s)
  - Abstract of the Disclosure
3. 1 Drawing(s) (35 U.S.C. 113) [Total Sheets 1]
4. Oath or Declaration [Total Pages 2]
  - a. 2 Newly executed (original or copy)
  - b. ☐ Copy from a prior application (37 C.F.R. § 1.63(d))  
(for continuation/divisional with Box 16 completed)
    - i. ☐ DELETION OF INVENTOR(S)  
Signed statement attached deleting inventor(s) named in the prior application, see 37 C.F.R. §§ 1.63(d)(2) and 1.33(b).

\* NOTE FOR ITEMS 1 & 13: IN ORDER TO BE ENTITLED TO PAY SMALL ENTITY FEES, A SMALL ENTITY STATEMENT IS REQUIRED (37 C.F.R. § 1.27), EXCEPT IF ONE FILED IN A PRIOR APPLICATION IS RELIED UPON (37 C.F.R. § 1.28).

ADDRESS TO:

Assistant Commissioner for Patents  
Box Patent Application  
Washington, DC 20231

5. ☐ Microfiche Computer Program (Appendix)
6. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)
  - a. ☐ Computer Readable Copy
  - b. ☐ Paper Copy (identical to computer copy)
  - c. ☐ Statement verifying identity of above copies

## ACCOMPANYING APPLICATION PARTS

7. ☐ Assignment Papers (cover sheet & document(s))
8. ☐ 37 C.F.R. § 3.73(b) Statement ☐ Power of Attorney  
(when there is an assignee)
9. ☐ English Translation Document (if applicable)
10. ☐ Information Disclosure Statement (IDS)/PTO-1449 ☐ Copies of IDS Citations
11. ☐ Preliminary Amendment
12. ☐ Return Receipt Postcard (MPEP 503)  
(Should be specifically itemized)
13. ☒ \* Small Entity Statement(s) ☐ Statement filed in prior application, Status still proper and desired (PTO/SB/09-12)
14. ☐ Certified Copy of Priority Document(s) (if foreign priority is claimed)
15. ☐ Other:

16. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment:

☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP)

of prior application No: \_\_\_\_\_

Prior application information: Examiner \_\_\_\_\_

Group / Art Unit: \_\_\_\_\_

For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 4b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

## 17. CORRESPONDENCE ADDRESS

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or ☒ Correspondence address below

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| City    | Portland                      | State     | OR          | Zip Code | 97230       |
| Country | USA                           | Telephone | 503256 3852 | Fax      | 503669 8973 |

|                   |                 |                                   |          |
|-------------------|-----------------|-----------------------------------|----------|
| Name (Print/Type) | Wayne M. Slagle | Registration No. (Attorney/Agent) |          |
| Signature         | Wayne M. Slagle | Date                              | 11-26-99 |

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

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|---|-----------------|---|--|--------------------|--|-------------|--|----------------------|-----------------|---------------|--|------------------|--|---------------------|--|
| <h1 style="margin: 0;">FEE TRANSMITTAL</h1> <h2 style="margin: 0;">for FY 1999</h2> <p style="font-size: small; margin: 5px 0;">Patent fees are subject to annual revision.<br/>Small Entity payments <u>must</u> be supported by a small entity statement,<br/>otherwise large entity fees must be paid. See Forms PTO/SB/09-12.<br/>See 37 C.F.R. §§ 1.27 and 1.28.</p> |                 | <p><b>Complete if Known</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>Application Number</td><td></td></tr> <tr><td>Filing Date</td><td></td></tr> <tr><td>First Named Inventor</td><td>Wayne M. Slagle</td></tr> <tr><td>Examiner Name</td><td></td></tr> <tr><td>Group / Art Unit</td><td></td></tr> <tr><td>Attorney Docket No.</td><td></td></tr> </table> |  | Application Number |  | Filing Date |  | First Named Inventor | Wayne M. Slagle | Examiner Name |  | Group / Art Unit |  | Attorney Docket No. |  |
| Application Number  |                 |   |  |                    |  |             |  |                      |                 |               |  |                  |  |                     |  |
| Filing Date   |                 |   |  |                    |  |             |  |                      |                 |               |  |                  |  |                     |  |
| First Named Inventor  | Wayne M. Slagle |   |  |                    |  |             |  |                      |                 |               |  |                  |  |                     |  |
| Examiner Name   |                 |   |  |                    |  |             |  |                      |                 |               |  |                  |  |                     |  |
| Group / Art Unit  |                 |   |  |                    |  |             |  |                      |                 |               |  |                  |  |                     |  |
| Attorney Docket No.   |                 |   |  |                    |  |             |  |                      |                 |               |  |                  |  |                     |  |
| <p><b>TOTAL AMOUNT OF PAYMENT</b> (\$)</p>  |                 | <p><b>Complete if Known</b></p>   |  |                    |  |             |  |                      |                 |               |  |                  |  |                     |  |

| <p><b>METHOD OF PAYMENT (check one)</b></p> <p>1. <input type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:</p> <p>Deposit Account Number <span style="border: 1px solid black; display: inline-block; width: 150px; height: 20px;"></span></p> <p>Deposit Account Name <span style="border: 1px solid black; display: inline-block; width: 150px; height: 20px;"></span></p> <p><input type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR §§ 1.16 and 1.17</p> <p>2. <input checked="" type="checkbox"/> <b>Payment Enclosed:</b></p> <p><input checked="" type="checkbox"/> Check    <input type="checkbox"/> Money Order    <input type="checkbox"/> Other</p> <p style="text-align: center;"><b>FEE CALCULATION</b></p> <p><b>1. BASIC FILING FEE</b></p> <table border="1" style="width: 100%; border-collapse: collapse; font-size: x-small;"> <thead> <tr> <th colspan="2">Large Entity</th> <th colspan="2">Small Entity</th> <th rowspan="2">Fee Description</th> <th rowspan="2">Fee Paid</th> </tr> <tr> <th>Fee Code (\$)</th> <th>Fee (\$)</th> <th>Fee Code (\$)</th> <th>Fee (\$)</th> </tr> </thead> <tbody> <tr><td>101</td><td>760</td><td>201</td><td>380</td><td>Utility filing fee</td><td></td></tr> <tr><td>106</td><td>310</td><td>206</td><td>155</td><td>Design filing fee</td><td></td></tr> <tr><td>107</td><td>480</td><td>207</td><td>240</td><td>Plant filing fee</td><td></td></tr> <tr><td>108</td><td>760</td><td>208</td><td>380</td><td>Reissue filing fee</td><td></td></tr> <tr><td>114</td><td>150</td><td>214</td><td>75</td><td>Provisional filing fee</td><td>75</td></tr> <tr> <td colspan="5" style="text-align: right;"><b>SUBTOTAL (1)</b></td> <td>(\$) 75</td> </tr> </tbody> </table> <p><b>2. EXTRA CLAIM FEES</b></p> <table border="1" style="width: 100%; border-collapse: collapse; font-size: x-small;"> <thead> <tr> <th colspan="2">Total Claims</th> <th colspan="2">Extra Claims</th> <th colspan="2">Fee from below</th> <th colspan="2">Fee Paid</th> </tr> </thead> <tbody> <tr> <td>Independent</td> <td>3</td> <td>20**</td> <td>0</td> <td>X</td> <td>0</td> <td>=</td> <td>0</td> </tr> <tr> <td>Multiple Dependent</td> <td></td> <td>3**</td> <td>0</td> <td>X</td> <td>0</td> <td>=</td> <td>0</td> </tr> </tbody> </table> <p><b>**or number previously paid, if greater; For Reissues, see below</b></p> <table border="1" style="width: 100%; border-collapse: collapse; font-size: x-small;"> <thead> <tr> <th colspan="2">Large Entity</th> <th colspan="2">Small Entity</th> <th rowspan="2">Fee Description</th> <th rowspan="2">Fee Paid</th> </tr> <tr> <th>Fee Code (\$)</th> <th>Fee (\$)</th> <th>Fee Code (\$)</th> <th>Fee (\$)</th> </tr> </thead> <tbody> <tr><td>103</td><td>18</td><td>203</td><td>9</td><td>Claims in excess of 20</td><td></td></tr> <tr><td>102</td><td>78</td><td>202</td><td>39</td><td>Independent claims in excess of 3</td><td></td></tr> <tr><td>104</td><td>260</td><td>204</td><td>130</td><td>Multiple dependent claim, if not paid</td><td></td></tr> <tr><td>109</td><td>78</td><td>209</td><td>39</td><td>** Reissue independent claims over original patent</td><td></td></tr> <tr><td>110</td><td>18</td><td>210</td><td>9</td><td>** Reissue claims in excess of 20 and over original patent</td><td></td></tr> <tr> <td colspan="5" style="text-align: right;"><b>SUBTOTAL (2)</b></td> <td>(\$) 0</td> </tr> </tbody> </table> | Large Entity |               | Small Entity |  | Fee Description | Fee Paid | Fee Code (\$) | Fee (\$) | Fee Code (\$) | Fee (\$) | 101 | 760 | 201 | 380 | Utility filing fee |  | 106 | 310 | 206 | 155 | Design filing fee |  | 107 | 480 | 207 | 240 | Plant filing fee |  | 108 | 760 | 208 | 380 | Reissue filing fee |  | 114 | 150 | 214 | 75 | Provisional filing fee | 75 | <b>SUBTOTAL (1)</b> |  |  |  |  | (\$) 75 | Total Claims |  | Extra Claims |  | Fee from below |  | Fee Paid |  | Independent | 3 | 20** | 0 | X | 0 | = | 0 | Multiple Dependent |  | 3** | 0 | X | 0 | = | 0 | Large Entity |  | Small Entity |  | Fee Description | Fee Paid | Fee Code (\$) | Fee (\$) | Fee Code (\$) | Fee (\$) | 103 | 18 | 203 | 9 | Claims in excess of 20 |  | 102 | 78 | 202 | 39 | Independent claims in excess of 3 |  | 104 | 260 | 204 | 130 | Multiple dependent claim, if not paid |  | 109 | 78 | 209 | 39 | ** Reissue independent claims over original patent |  | 110 | 18 | 210 | 9 | ** Reissue claims in excess of 20 and over original patent |  | <b>SUBTOTAL (2)</b> |  |  |  |  | (\$) 0 | <p><b>3. ADDITIONAL FEES</b></p> <table border="1" style="width: 100%; border-collapse: collapse; font-size: x-small;"> <thead> <tr> <th colspan="2">Large Entity</th> <th colspan="2">Small Entity</th> <th rowspan="2">Fee Description</th> </tr> <tr> <th>Fee Code (\$)</th> <th>Fee (\$)</th> <th>Fee Code (\$)</th> <th>Fee (\$)</th> </tr> </thead> <tbody> <tr><td>105</td><td>130</td><td>205</td><td>65</td><td>Surcharge - late filing fee or oath</td></tr> <tr><td>127</td><td>50</td><td>227</td><td>25</td><td>Surcharge - late provisional filing fee or cover sheet.</td></tr> <tr><td>139</td><td>130</td><td>139</td><td>130</td><td>Non-English specification</td></tr> <tr><td>147</td><td>2,520</td><td>147</td><td>2,520</td><td>For filing a request for reexamination</td></tr> <tr><td>112</td><td>920*</td><td>112</td><td>920*</td><td>Requesting publication of SIR prior to Examiner action</td></tr> <tr><td>113</td><td>1,840*</td><td>113</td><td>1,840*</td><td>Requesting publication of SIR after Examiner action</td></tr> <tr><td>115</td><td>110</td><td>215</td><td>55</td><td>Extension for reply within first month</td></tr> <tr><td>116</td><td>380</td><td>216</td><td>190</td><td>Extension for reply within second month</td></tr> <tr><td>117</td><td>870</td><td>217</td><td>435</td><td>Extension for reply within third month</td></tr> <tr><td>118</td><td>1,360</td><td>218</td><td>680</td><td>Extension for reply within fourth month</td></tr> <tr><td>128</td><td>1,850</td><td>228</td><td>925</td><td>Extension for reply within fifth month</td></tr> <tr><td>119</td><td>300</td><td>219</td><td>150</td><td>Notice of Appeal</td></tr> <tr><td>120</td><td>300</td><td>220</td><td>150</td><td>Filing a brief in support of an appeal</td></tr> <tr><td>121</td><td>260</td><td>221</td><td>130</td><td>Request for oral hearing</td></tr> <tr><td>138</td><td>1,510</td><td>138</td><td>1,510</td><td>Petition to institute a public use proceeding</td></tr> <tr><td>140</td><td>110</td><td>240</td><td>55</td><td>Petition to revive - unavoidable</td></tr> <tr><td>141</td><td>1,210</td><td>241</td><td>605</td><td>Petition to revive - unintentional</td></tr> <tr><td>142</td><td>1,210</td><td>242</td><td>605</td><td>Utility issue fee (or reissue)</td></tr> <tr><td>143</td><td>430</td><td>243</td><td>215</td><td>Design issue fee</td></tr> <tr><td>144</td><td>580</td><td>244</td><td>290</td><td>Plant issue fee</td></tr> <tr><td>122</td><td>130</td><td>122</td><td>130</td><td>Petitions to the Commissioner</td></tr> <tr><td>123</td><td>50</td><td>123</td><td>50</td><td>Petitions related to provisional applications</td></tr> <tr><td>126</td><td>240</td><td>126</td><td>240</td><td>Submission of Information Disclosure Stmt</td></tr> <tr><td>581</td><td>40</td><td>581</td><td>40</td><td>Recording each patent assignment per property (times number of properties)</td></tr> <tr><td>146</td><td>760</td><td>246</td><td>380</td><td>Filing a submission after final rejection (37 CFR § 1.129(a))</td></tr> <tr><td>149</td><td>760</td><td>249</td><td>380</td><td>For each additional invention to be examined (37 CFR § 1.129(b))</td></tr> </tbody> </table> <p>Other fee (specify) _____</p> <p>Other fee (specify) _____</p> <p style="text-align: right;"><b>SUBTOTAL (3)</b> (\$) 0</p> <p>* Reduced by Basic Filing Fee Paid</p> | Large Entity |  | Small Entity |  | Fee Description | Fee Code (\$) | Fee (\$) | Fee Code (\$) | Fee (\$) | 105 | 130 | 205 | 65 | Surcharge - late filing fee or oath | 127 | 50 | 227 | 25 | Surcharge - late provisional filing fee or cover sheet. | 139 | 130 | 139 | 130 | Non-English specification | 147 | 2,520 | 147 | 2,520 | For filing a request for reexamination | 112 | 920* | 112 | 920* | Requesting publication of SIR prior to Examiner action | 113 | 1,840* | 113 | 1,840* | Requesting publication of SIR after Examiner action | 115 | 110 | 215 | 55 | Extension for reply within first month | 116 | 380 | 216 | 190 | Extension for reply within second month | 117 | 870 | 217 | 435 | Extension for reply within third month | 118 | 1,360 | 218 | 680 | Extension for reply within fourth month | 128 | 1,850 | 228 | 925 | Extension for reply within fifth month | 119 | 300 | 219 | 150 | Notice of Appeal | 120 | 300 | 220 | 150 | Filing a brief in support of an appeal | 121 | 260 | 221 | 130 | Request for oral hearing | 138 | 1,510 | 138 | 1,510 | Petition to institute a public use proceeding | 140 | 110 | 240 | 55 | Petition to revive - unavoidable | 141 | 1,210 | 241 | 605 | Petition to revive - unintentional | 142 | 1,210 | 242 | 605 | Utility issue fee (or reissue) | 143 | 430 | 243 | 215 | Design issue fee | 144 | 580 | 244 | 290 | Plant issue fee | 122 | 130 | 122 | 130 | Petitions to the Commissioner | 123 | 50 | 123 | 50 | Petitions related to provisional applications | 126 | 240 | 126 | 240 | Submission of Information Disclosure Stmt | 581 | 40 | 581 | 40 | Recording each patent assignment per property (times number of properties) | 146 | 760 | 246 | 380 | Filing a submission after final rejection (37 CFR § 1.129(a)) | 149 | 760 | 249 | 380 | For each additional invention to be examined (37 CFR § 1.129(b)) |
|---|--------------|---------------|--------------|--|-----------------|----------|---------------|----------|---------------|----------|-----|-----|-----|-----|--------------------|--|-----|-----|-----|-----|-------------------|--|-----|-----|-----|-----|------------------|--|-----|-----|-----|-----|--------------------|--|-----|-----|-----|----|------------------------|----|---------------------|--|--|--|--|---------|--------------|--|--------------|--|----------------|--|----------|--|-------------|---|------|---|---|---|---|---|--------------------|--|-----|---|---|---|---|---|--------------|--|--------------|--|-----------------|----------|---------------|----------|---------------|----------|-----|----|-----|---|------------------------|--|-----|----|-----|----|-----------------------------------|--|-----|-----|-----|-----|---------------------------------------|--|-----|----|-----|----|--|--|-----|----|-----|---|--|--|---------------------|--|--|--|--|--------|---|--------------|--|--------------|--|-----------------|---------------|----------|---------------|----------|-----|-----|-----|----|-------------------------------------|-----|----|-----|----|---|-----|-----|-----|-----|---------------------------|-----|-------|-----|-------|--|-----|------|-----|------|--|-----|--------|-----|--------|---|-----|-----|-----|----|--|-----|-----|-----|-----|---|-----|-----|-----|-----|--|-----|-------|-----|-----|---|-----|-------|-----|-----|--|-----|-----|-----|-----|------------------|-----|-----|-----|-----|--|-----|-----|-----|-----|--------------------------|-----|-------|-----|-------|---|-----|-----|-----|----|----------------------------------|-----|-------|-----|-----|------------------------------------|-----|-------|-----|-----|--------------------------------|-----|-----|-----|-----|------------------|-----|-----|-----|-----|-----------------|-----|-----|-----|-----|-------------------------------|-----|----|-----|----|---|-----|-----|-----|-----|---|-----|----|-----|----|--|-----|-----|-----|-----|---|-----|-----|-----|-----|--|
| Large Entity  |              | Small Entity  |              | Fee Description  |                 |          | Fee Paid      |          |               |          |     |     |     |     |                    |  |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |    |                     |  |  |  |  |         |              |  |              |  |                |  |          |  |             |   |      |   |   |   |   |   |                    |  |     |   |   |   |   |   |              |  |              |  |                 |          |               |          |               |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |  |  |     |    |     |   |  |  |                     |  |  |  |  |        |   |              |  |              |  |                 |               |          |               |          |     |     |     |    |                                     |     |    |     |    |   |     |     |     |     |                           |     |       |     |       |  |     |      |     |      |  |     |        |     |        |   |     |     |     |    |  |     |     |     |     |   |     |     |     |     |  |     |       |     |     |   |     |       |     |     |  |     |     |     |     |                  |     |     |     |     |  |     |     |     |     |                          |     |       |     |       |   |     |     |     |    |                                  |     |       |     |     |                                    |     |       |     |     |                                |     |     |     |     |                  |     |     |     |     |                 |     |     |     |     |                               |     |    |     |    |   |     |     |     |     |   |     |    |     |    |  |     |     |     |     |   |     |     |     |     |  |
| Fee Code (\$)   | Fee (\$)     | Fee Code (\$) | Fee (\$)     |  |                 |          |               |          |               |          |     |     |     |     |                    |  |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |    |                     |  |  |  |  |         |              |  |              |  |                |  |          |  |             |   |      |   |   |   |   |   |                    |  |     |   |   |   |   |   |              |  |              |  |                 |          |               |          |               |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |  |  |     |    |     |   |  |  |                     |  |  |  |  |        |   |              |  |              |  |                 |               |          |               |          |     |     |     |    |                                     |     |    |     |    |   |     |     |     |     |                           |     |       |     |       |  |     |      |     |      |  |     |        |     |        |   |     |     |     |    |  |     |     |     |     |   |     |     |     |     |  |     |       |     |     |   |     |       |     |     |  |     |     |     |     |                  |     |     |     |     |  |     |     |     |     |                          |     |       |     |       |   |     |     |     |    |                                  |     |       |     |     |                                    |     |       |     |     |                                |     |     |     |     |                  |     |     |     |     |                 |     |     |     |     |                               |     |    |     |    |   |     |     |     |     |   |     |    |     |    |  |     |     |     |     |   |     |     |     |     |  |
| 101   | 760          | 201           | 380          | Utility filing fee   |                 |          |               |          |               |          |     |     |     |     |                    |  |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |    |                     |  |  |  |  |         |              |  |              |  |                |  |          |  |             |   |      |   |   |   |   |   |                    |  |     |   |   |   |   |   |              |  |              |  |                 |          |               |          |               |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |  |  |     |    |     |   |  |  |                     |  |  |  |  |        |   |              |  |              |  |                 |               |          |               |          |     |     |     |    |                                     |     |    |     |    |   |     |     |     |     |                           |     |       |     |       |  |     |      |     |      |  |     |        |     |        |   |     |     |     |    |  |     |     |     |     |   |     |     |     |     |  |     |       |     |     |   |     |       |     |     |  |     |     |     |     |                  |     |     |     |     |  |     |     |     |     |                          |     |       |     |       |   |     |     |     |    |                                  |     |       |     |     |                                    |     |       |     |     |                                |     |     |     |     |                  |     |     |     |     |                 |     |     |     |     |                               |     |    |     |    |   |     |     |     |     |   |     |    |     |    |  |     |     |     |     |   |     |     |     |     |  |
| 106   | 310          | 206           | 155          | Design filing fee  |                 |          |               |          |               |          |     |     |     |     |                    |  |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |    |                     |  |  |  |  |         |              |  |              |  |                |  |          |  |             |   |      |   |   |   |   |   |                    |  |     |   |   |   |   |   |              |  |              |  |                 |          |               |          |               |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |  |  |     |    |     |   |  |  |                     |  |  |  |  |        |   |              |  |              |  |                 |               |          |               |          |     |     |     |    |                                     |     |    |     |    |   |     |     |     |     |                           |     |       |     |       |  |     |      |     |      |  |     |        |     |        |   |     |     |     |    |  |     |     |     |     |   |     |     |     |     |  |     |       |     |     |   |     |       |     |     |  |     |     |     |     |                  |     |     |     |     |  |     |     |     |     |                          |     |       |     |       |   |     |     |     |    |                                  |     |       |     |     |                                    |     |       |     |     |                                |     |     |     |     |                  |     |     |     |     |                 |     |     |     |     |                               |     |    |     |    |   |     |     |     |     |   |     |    |     |    |  |     |     |     |     |   |     |     |     |     |  |
| 107   | 480          | 207           | 240          | Plant filing fee   |                 |          |               |          |               |          |     |     |     |     |                    |  |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |    |                     |  |  |  |  |         |              |  |              |  |                |  |          |  |             |   |      |   |   |   |   |   |                    |  |     |   |   |   |   |   |              |  |              |  |                 |          |               |          |               |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |  |  |     |    |     |   |  |  |                     |  |  |  |  |        |   |              |  |              |  |                 |               |          |               |          |     |     |     |    |                                     |     |    |     |    |   |     |     |     |     |                           |     |       |     |       |  |     |      |     |      |  |     |        |     |        |   |     |     |     |    |  |     |     |     |     |   |     |     |     |     |  |     |       |     |     |   |     |       |     |     |  |     |     |     |     |                  |     |     |     |     |  |     |     |     |     |                          |     |       |     |       |   |     |     |     |    |                                  |     |       |     |     |                                    |     |       |     |     |                                |     |     |     |     |                  |     |     |     |     |                 |     |     |     |     |                               |     |    |     |    |   |     |     |     |     |   |     |    |     |    |  |     |     |     |     |   |     |     |     |     |  |
| 108   | 760          | 208           | 380          | Reissue filing fee   |                 |          |               |          |               |          |     |     |     |     |                    |  |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |    |                     |  |  |  |  |         |              |  |              |  |                |  |          |  |             |   |      |   |   |   |   |   |                    |  |     |   |   |   |   |   |              |  |              |  |                 |          |               |          |               |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |  |  |     |    |     |   |  |  |                     |  |  |  |  |        |   |              |  |              |  |                 |               |          |               |          |     |     |     |    |                                     |     |    |     |    |   |     |     |     |     |                           |     |       |     |       |  |     |      |     |      |  |     |        |     |        |   |     |     |     |    |  |     |     |     |     |   |     |     |     |     |  |     |       |     |     |   |     |       |     |     |  |     |     |     |     |                  |     |     |     |     |  |     |     |     |     |                          |     |       |     |       |   |     |     |     |    |                                  |     |       |     |     |                                    |     |       |     |     |                                |     |     |     |     |                  |     |     |     |     |                 |     |     |     |     |                               |     |    |     |    |   |     |     |     |     |   |     |    |     |    |  |     |     |     |     |   |     |     |     |     |  |
| 114   | 150          | 214           | 75           | Provisional filing fee   | 75              |          |               |          |               |          |     |     |     |     |                    |  |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |    |                     |  |  |  |  |         |              |  |              |  |                |  |          |  |             |   |      |   |   |   |   |   |                    |  |     |   |   |   |   |   |              |  |              |  |                 |          |               |          |               |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |  |  |     |    |     |   |  |  |                     |  |  |  |  |        |   |              |  |              |  |                 |               |          |               |          |     |     |     |    |                                     |     |    |     |    |   |     |     |     |     |                           |     |       |     |       |  |     |      |     |      |  |     |        |     |        |   |     |     |     |    |  |     |     |     |     |   |     |     |     |     |  |     |       |     |     |   |     |       |     |     |  |     |     |     |     |                  |     |     |     |     |  |     |     |     |     |                          |     |       |     |       |   |     |     |     |    |                                  |     |       |     |     |                                    |     |       |     |     |                                |     |     |     |     |                  |     |     |     |     |                 |     |     |     |     |                               |     |    |     |    |   |     |     |     |     |   |     |    |     |    |  |     |     |     |     |   |     |     |     |     |  |
| <b>SUBTOTAL (1)</b>   |              |               |              |  | (\$) 75         |          |               |          |               |          |     |     |     |     |                    |  |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |    |                     |  |  |  |  |         |              |  |              |  |                |  |          |  |             |   |      |   |   |   |   |   |                    |  |     |   |   |   |   |   |              |  |              |  |                 |          |               |          |               |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |  |  |     |    |     |   |  |  |                     |  |  |  |  |        |   |              |  |              |  |                 |               |          |               |          |     |     |     |    |                                     |     |    |     |    |   |     |     |     |     |                           |     |       |     |       |  |     |      |     |      |  |     |        |     |        |   |     |     |     |    |  |     |     |     |     |   |     |     |     |     |  |     |       |     |     |   |     |       |     |     |  |     |     |     |     |                  |     |     |     |     |  |     |     |     |     |                          |     |       |     |       |   |     |     |     |    |                                  |     |       |     |     |                                    |     |       |     |     |                                |     |     |     |     |                  |     |     |     |     |                 |     |     |     |     |                               |     |    |     |    |   |     |     |     |     |   |     |    |     |    |  |     |     |     |     |   |     |     |     |     |  |
| Total Claims  |              | Extra Claims  |              | Fee from below   |                 | Fee Paid |               |          |               |          |     |     |     |     |                    |  |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |    |                     |  |  |  |  |         |              |  |              |  |                |  |          |  |             |   |      |   |   |   |   |   |                    |  |     |   |   |   |   |   |              |  |              |  |                 |          |               |          |               |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |  |  |     |    |     |   |  |  |                     |  |  |  |  |        |   |              |  |              |  |                 |               |          |               |          |     |     |     |    |                                     |     |    |     |    |   |     |     |     |     |                           |     |       |     |       |  |     |      |     |      |  |     |        |     |        |   |     |     |     |    |  |     |     |     |     |   |     |     |     |     |  |     |       |     |     |   |     |       |     |     |  |     |     |     |     |                  |     |     |     |     |  |     |     |     |     |                          |     |       |     |       |   |     |     |     |    |                                  |     |       |     |     |                                    |     |       |     |     |                                |     |     |     |     |                  |     |     |     |     |                 |     |     |     |     |                               |     |    |     |    |   |     |     |     |     |   |     |    |     |    |  |     |     |     |     |   |     |     |     |     |  |
| Independent   | 3            | 20**          | 0            | X  | 0               | =        | 0             |          |               |          |     |     |     |     |                    |  |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |    |                     |  |  |  |  |         |              |  |              |  |                |  |          |  |             |   |      |   |   |   |   |   |                    |  |     |   |   |   |   |   |              |  |              |  |                 |          |               |          |               |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |  |  |     |    |     |   |  |  |                     |  |  |  |  |        |   |              |  |              |  |                 |               |          |               |          |     |     |     |    |                                     |     |    |     |    |   |     |     |     |     |                           |     |       |     |       |  |     |      |     |      |  |     |        |     |        |   |     |     |     |    |  |     |     |     |     |   |     |     |     |     |  |     |       |     |     |   |     |       |     |     |  |     |     |     |     |                  |     |     |     |     |  |     |     |     |     |                          |     |       |     |       |   |     |     |     |    |                                  |     |       |     |     |                                    |     |       |     |     |                                |     |     |     |     |                  |     |     |     |     |                 |     |     |     |     |                               |     |    |     |    |   |     |     |     |     |   |     |    |     |    |  |     |     |     |     |   |     |     |     |     |  |
| Multiple Dependent  |              | 3**           | 0            | X  | 0               | =        | 0             |          |               |          |     |     |     |     |                    |  |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |    |                     |  |  |  |  |         |              |  |              |  |                |  |          |  |             |   |      |   |   |   |   |   |                    |  |     |   |   |   |   |   |              |  |              |  |                 |          |               |          |               |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |  |  |     |    |     |   |  |  |                     |  |  |  |  |        |   |              |  |              |  |                 |               |          |               |          |     |     |     |    |                                     |     |    |     |    |   |     |     |     |     |                           |     |       |     |       |  |     |      |     |      |  |     |        |     |        |   |     |     |     |    |  |     |     |     |     |   |     |     |     |     |  |     |       |     |     |   |     |       |     |     |  |     |     |     |     |                  |     |     |     |     |  |     |     |     |     |                          |     |       |     |       |   |     |     |     |    |                                  |     |       |     |     |                                    |     |       |     |     |                                |     |     |     |     |                  |     |     |     |     |                 |     |     |     |     |                               |     |    |     |    |   |     |     |     |     |   |     |    |     |    |  |     |     |     |     |   |     |     |     |     |  |
| Large Entity  |              | Small Entity  |              | Fee Description  | Fee Paid        |          |               |          |               |          |     |     |     |     |                    |  |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |    |                     |  |  |  |  |         |              |  |              |  |                |  |          |  |             |   |      |   |   |   |   |   |                    |  |     |   |   |   |   |   |              |  |              |  |                 |          |               |          |               |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |  |  |     |    |     |   |  |  |                     |  |  |  |  |        |   |              |  |              |  |                 |               |          |               |          |     |     |     |    |                                     |     |    |     |    |   |     |     |     |     |                           |     |       |     |       |  |     |      |     |      |  |     |        |     |        |   |     |     |     |    |  |     |     |     |     |   |     |     |     |     |  |     |       |     |     |   |     |       |     |     |  |     |     |     |     |                  |     |     |     |     |  |     |     |     |     |                          |     |       |     |       |   |     |     |     |    |                                  |     |       |     |     |                                    |     |       |     |     |                                |     |     |     |     |                  |     |     |     |     |                 |     |     |     |     |                               |     |    |     |    |   |     |     |     |     |   |     |    |     |    |  |     |     |     |     |   |     |     |     |     |  |
| Fee Code (\$)   | Fee (\$)     | Fee Code (\$) | Fee (\$)     |  |                 |          |               |          |               |          |     |     |     |     |                    |  |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |    |                     |  |  |  |  |         |              |  |              |  |                |  |          |  |             |   |      |   |   |   |   |   |                    |  |     |   |   |   |   |   |              |  |              |  |                 |          |               |          |               |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |  |  |     |    |     |   |  |  |                     |  |  |  |  |        |   |              |  |              |  |                 |               |          |               |          |     |     |     |    |                                     |     |    |     |    |   |     |     |     |     |                           |     |       |     |       |  |     |      |     |      |  |     |        |     |        |   |     |     |     |    |  |     |     |     |     |   |     |     |     |     |  |     |       |     |     |   |     |       |     |     |  |     |     |     |     |                  |     |     |     |     |  |     |     |     |     |                          |     |       |     |       |   |     |     |     |    |                                  |     |       |     |     |                                    |     |       |     |     |                                |     |     |     |     |                  |     |     |     |     |                 |     |     |     |     |                               |     |    |     |    |   |     |     |     |     |   |     |    |     |    |  |     |     |     |     |   |     |     |     |     |  |
| 103   | 18           | 203           | 9            | Claims in excess of 20   |                 |          |               |          |               |          |     |     |     |     |                    |  |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |    |                     |  |  |  |  |         |              |  |              |  |                |  |          |  |             |   |      |   |   |   |   |   |                    |  |     |   |   |   |   |   |              |  |              |  |                 |          |               |          |               |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |  |  |     |    |     |   |  |  |                     |  |  |  |  |        |   |              |  |              |  |                 |               |          |               |          |     |     |     |    |                                     |     |    |     |    |   |     |     |     |     |                           |     |       |     |       |  |     |      |     |      |  |     |        |     |        |   |     |     |     |    |  |     |     |     |     |   |     |     |     |     |  |     |       |     |     |   |     |       |     |     |  |     |     |     |     |                  |     |     |     |     |  |     |     |     |     |                          |     |       |     |       |   |     |     |     |    |                                  |     |       |     |     |                                    |     |       |     |     |                                |     |     |     |     |                  |     |     |     |     |                 |     |     |     |     |                               |     |    |     |    |   |     |     |     |     |   |     |    |     |    |  |     |     |     |     |   |     |     |     |     |  |
| 102   | 78           | 202           | 39           | Independent claims in excess of 3  |                 |          |               |          |               |          |     |     |     |     |                    |  |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |    |                     |  |  |  |  |         |              |  |              |  |                |  |          |  |             |   |      |   |   |   |   |   |                    |  |     |   |   |   |   |   |              |  |              |  |                 |          |               |          |               |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |  |  |     |    |     |   |  |  |                     |  |  |  |  |        |   |              |  |              |  |                 |               |          |               |          |     |     |     |    |                                     |     |    |     |    |   |     |     |     |     |                           |     |       |     |       |  |     |      |     |      |  |     |        |     |        |   |     |     |     |    |  |     |     |     |     |   |     |     |     |     |  |     |       |     |     |   |     |       |     |     |  |     |     |     |     |                  |     |     |     |     |  |     |     |     |     |                          |     |       |     |       |   |     |     |     |    |                                  |     |       |     |     |                                    |     |       |     |     |                                |     |     |     |     |                  |     |     |     |     |                 |     |     |     |     |                               |     |    |     |    |   |     |     |     |     |   |     |    |     |    |  |     |     |     |     |   |     |     |     |     |  |
| 104   | 260          | 204           | 130          | Multiple dependent claim, if not paid                                      |                 |          |               |          |               |          |     |     |     |     |                    |  |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |    |                     |  |  |  |  |         |              |  |              |  |                |  |          |  |             |   |      |   |   |   |   |   |                    |  |     |   |   |   |   |   |              |  |              |  |                 |          |               |          |               |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |  |  |     |    |     |   |  |  |                     |  |  |  |  |        |   |              |  |              |  |                 |               |          |               |          |     |     |     |    |                                     |     |    |     |    |   |     |     |     |     |                           |     |       |     |       |  |     |      |     |      |  |     |        |     |        |   |     |     |     |    |  |     |     |     |     |   |     |     |     |     |  |     |       |     |     |   |     |       |     |     |  |     |     |     |     |                  |     |     |     |     |  |     |     |     |     |                          |     |       |     |       |   |     |     |     |    |                                  |     |       |     |     |                                    |     |       |     |     |                                |     |     |     |     |                  |     |     |     |     |                 |     |     |     |     |                               |     |    |     |    |   |     |     |     |     |   |     |    |     |    |  |     |     |     |     |   |     |     |     |     |  |
| 109   | 78           | 209           | 39           | ** Reissue independent claims over original patent                         |                 |          |               |          |               |          |     |     |     |     |                    |  |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |    |                     |  |  |  |  |         |              |  |              |  |                |  |          |  |             |   |      |   |   |   |   |   |                    |  |     |   |   |   |   |   |              |  |              |  |                 |          |               |          |               |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |  |  |     |    |     |   |  |  |                     |  |  |  |  |        |   |              |  |              |  |                 |               |          |               |          |     |     |     |    |                                     |     |    |     |    |   |     |     |     |     |                           |     |       |     |       |  |     |      |     |      |  |     |        |     |        |   |     |     |     |    |  |     |     |     |     |   |     |     |     |     |  |     |       |     |     |   |     |       |     |     |  |     |     |     |     |                  |     |     |     |     |  |     |     |     |     |                          |     |       |     |       |   |     |     |     |    |                                  |     |       |     |     |                                    |     |       |     |     |                                |     |     |     |     |                  |     |     |     |     |                 |     |     |     |     |                               |     |    |     |    |   |     |     |     |     |   |     |    |     |    |  |     |     |     |     |   |     |     |     |     |  |
| 110   | 18           | 210           | 9            | ** Reissue claims in excess of 20 and over original patent                 |                 |          |               |          |               |          |     |     |     |     |                    |  |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |    |                     |  |  |  |  |         |              |  |              |  |                |  |          |  |             |   |      |   |   |   |   |   |                    |  |     |   |   |   |   |   |              |  |              |  |                 |          |               |          |               |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |  |  |     |    |     |   |  |  |                     |  |  |  |  |        |   |              |  |              |  |                 |               |          |               |          |     |     |     |    |                                     |     |    |     |    |   |     |     |     |     |                           |     |       |     |       |  |     |      |     |      |  |     |        |     |        |   |     |     |     |    |  |     |     |     |     |   |     |     |     |     |  |     |       |     |     |   |     |       |     |     |  |     |     |     |     |                  |     |     |     |     |  |     |     |     |     |                          |     |       |     |       |   |     |     |     |    |                                  |     |       |     |     |                                    |     |       |     |     |                                |     |     |     |     |                  |     |     |     |     |                 |     |     |     |     |                               |     |    |     |    |   |     |     |     |     |   |     |    |     |    |  |     |     |     |     |   |     |     |     |     |  |
| <b>SUBTOTAL (2)</b>   |              |               |              |  | (\$) 0          |          |               |          |               |          |     |     |     |     |                    |  |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |    |                     |  |  |  |  |         |              |  |              |  |                |  |          |  |             |   |      |   |   |   |   |   |                    |  |     |   |   |   |   |   |              |  |              |  |                 |          |               |          |               |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |  |  |     |    |     |   |  |  |                     |  |  |  |  |        |   |              |  |              |  |                 |               |          |               |          |     |     |     |    |                                     |     |    |     |    |   |     |     |     |     |                           |     |       |     |       |  |     |      |     |      |  |     |        |     |        |   |     |     |     |    |  |     |     |     |     |   |     |     |     |     |  |     |       |     |     |   |     |       |     |     |  |     |     |     |     |                  |     |     |     |     |  |     |     |     |     |                          |     |       |     |       |   |     |     |     |    |                                  |     |       |     |     |                                    |     |       |     |     |                                |     |     |     |     |                  |     |     |     |     |                 |     |     |     |     |                               |     |    |     |    |   |     |     |     |     |   |     |    |     |    |  |     |     |     |     |   |     |     |     |     |  |
| Large Entity  |              | Small Entity  |              | Fee Description  |                 |          |               |          |               |          |     |     |     |     |                    |  |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |    |                     |  |  |  |  |         |              |  |              |  |                |  |          |  |             |   |      |   |   |   |   |   |                    |  |     |   |   |   |   |   |              |  |              |  |                 |          |               |          |               |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |  |  |     |    |     |   |  |  |                     |  |  |  |  |        |   |              |  |              |  |                 |               |          |               |          |     |     |     |    |                                     |     |    |     |    |   |     |     |     |     |                           |     |       |     |       |  |     |      |     |      |  |     |        |     |        |   |     |     |     |    |  |     |     |     |     |   |     |     |     |     |  |     |       |     |     |   |     |       |     |     |  |     |     |     |     |                  |     |     |     |     |  |     |     |     |     |                          |     |       |     |       |   |     |     |     |    |                                  |     |       |     |     |                                    |     |       |     |     |                                |     |     |     |     |                  |     |     |     |     |                 |     |     |     |     |                               |     |    |     |    |   |     |     |     |     |   |     |    |     |    |  |     |     |     |     |   |     |     |     |     |  |
| Fee Code (\$)   | Fee (\$)     | Fee Code (\$) | Fee (\$)     |  |                 |          |               |          |               |          |     |     |     |     |                    |  |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |    |                     |  |  |  |  |         |              |  |              |  |                |  |          |  |             |   |      |   |   |   |   |   |                    |  |     |   |   |   |   |   |              |  |              |  |                 |          |               |          |               |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |  |  |     |    |     |   |  |  |                     |  |  |  |  |        |   |              |  |              |  |                 |               |          |               |          |     |     |     |    |                                     |     |    |     |    |   |     |     |     |     |                           |     |       |     |       |  |     |      |     |      |  |     |        |     |        |   |     |     |     |    |  |     |     |     |     |   |     |     |     |     |  |     |       |     |     |   |     |       |     |     |  |     |     |     |     |                  |     |     |     |     |  |     |     |     |     |                          |     |       |     |       |   |     |     |     |    |                                  |     |       |     |     |                                    |     |       |     |     |                                |     |     |     |     |                  |     |     |     |     |                 |     |     |     |     |                               |     |    |     |    |   |     |     |     |     |   |     |    |     |    |  |     |     |     |     |   |     |     |     |     |  |
| 105   | 130          | 205           | 65           | Surcharge - late filing fee or oath  |                 |          |               |          |               |          |     |     |     |     |                    |  |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |    |                     |  |  |  |  |         |              |  |              |  |                |  |          |  |             |   |      |   |   |   |   |   |                    |  |     |   |   |   |   |   |              |  |              |  |                 |          |               |          |               |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |  |  |     |    |     |   |  |  |                     |  |  |  |  |        |   |              |  |              |  |                 |               |          |               |          |     |     |     |    |                                     |     |    |     |    |   |     |     |     |     |                           |     |       |     |       |  |     |      |     |      |  |     |        |     |        |   |     |     |     |    |  |     |     |     |     |   |     |     |     |     |  |     |       |     |     |   |     |       |     |     |  |     |     |     |     |                  |     |     |     |     |  |     |     |     |     |                          |     |       |     |       |   |     |     |     |    |                                  |     |       |     |     |                                    |     |       |     |     |                                |     |     |     |     |                  |     |     |     |     |                 |     |     |     |     |                               |     |    |     |    |   |     |     |     |     |   |     |    |     |    |  |     |     |     |     |   |     |     |     |     |  |
| 127   | 50           | 227           | 25           | Surcharge - late provisional filing fee or cover sheet.                    |                 |          |               |          |               |          |     |     |     |     |                    |  |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |    |                     |  |  |  |  |         |              |  |              |  |                |  |          |  |             |   |      |   |   |   |   |   |                    |  |     |   |   |   |   |   |              |  |              |  |                 |          |               |          |               |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |  |  |     |    |     |   |  |  |                     |  |  |  |  |        |   |              |  |              |  |                 |               |          |               |          |     |     |     |    |                                     |     |    |     |    |   |     |     |     |     |                           |     |       |     |       |  |     |      |     |      |  |     |        |     |        |   |     |     |     |    |  |     |     |     |     |   |     |     |     |     |  |     |       |     |     |   |     |       |     |     |  |     |     |     |     |                  |     |     |     |     |  |     |     |     |     |                          |     |       |     |       |   |     |     |     |    |                                  |     |       |     |     |                                    |     |       |     |     |                                |     |     |     |     |                  |     |     |     |     |                 |     |     |     |     |                               |     |    |     |    |   |     |     |     |     |   |     |    |     |    |  |     |     |     |     |   |     |     |     |     |  |
| 139   | 130          | 139           | 130          | Non-English specification  |                 |          |               |          |               |          |     |     |     |     |                    |  |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |    |                     |  |  |  |  |         |              |  |              |  |                |  |          |  |             |   |      |   |   |   |   |   |                    |  |     |   |   |   |   |   |              |  |              |  |                 |          |               |          |               |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |  |  |     |    |     |   |  |  |                     |  |  |  |  |        |   |              |  |              |  |                 |               |          |               |          |     |     |     |    |                                     |     |    |     |    |   |     |     |     |     |                           |     |       |     |       |  |     |      |     |      |  |     |        |     |        |   |     |     |     |    |  |     |     |     |     |   |     |     |     |     |  |     |       |     |     |   |     |       |     |     |  |     |     |     |     |                  |     |     |     |     |  |     |     |     |     |                          |     |       |     |       |   |     |     |     |    |                                  |     |       |     |     |                                    |     |       |     |     |                                |     |     |     |     |                  |     |     |     |     |                 |     |     |     |     |                               |     |    |     |    |   |     |     |     |     |   |     |    |     |    |  |     |     |     |     |   |     |     |     |     |  |
| 147   | 2,520        | 147           | 2,520        | For filing a request for reexamination                                     |                 |          |               |          |               |          |     |     |     |     |                    |  |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |    |                     |  |  |  |  |         |              |  |              |  |                |  |          |  |             |   |      |   |   |   |   |   |                    |  |     |   |   |   |   |   |              |  |              |  |                 |          |               |          |               |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |  |  |     |    |     |   |  |  |                     |  |  |  |  |        |   |              |  |              |  |                 |               |          |               |          |     |     |     |    |                                     |     |    |     |    |   |     |     |     |     |                           |     |       |     |       |  |     |      |     |      |  |     |        |     |        |   |     |     |     |    |  |     |     |     |     |   |     |     |     |     |  |     |       |     |     |   |     |       |     |     |  |     |     |     |     |                  |     |     |     |     |  |     |     |     |     |                          |     |       |     |       |   |     |     |     |    |                                  |     |       |     |     |                                    |     |       |     |     |                                |     |     |     |     |                  |     |     |     |     |                 |     |     |     |     |                               |     |    |     |    |   |     |     |     |     |   |     |    |     |    |  |     |     |     |     |   |     |     |     |     |  |
| 112   | 920*         | 112           | 920*         | Requesting publication of SIR prior to Examiner action                     |                 |          |               |          |               |          |     |     |     |     |                    |  |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |    |                     |  |  |  |  |         |              |  |              |  |                |  |          |  |             |   |      |   |   |   |   |   |                    |  |     |   |   |   |   |   |              |  |              |  |                 |          |               |          |               |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |  |  |     |    |     |   |  |  |                     |  |  |  |  |        |   |              |  |              |  |                 |               |          |               |          |     |     |     |    |                                     |     |    |     |    |   |     |     |     |     |                           |     |       |     |       |  |     |      |     |      |  |     |        |     |        |   |     |     |     |    |  |     |     |     |     |   |     |     |     |     |  |     |       |     |     |   |     |       |     |     |  |     |     |     |     |                  |     |     |     |     |  |     |     |     |     |                          |     |       |     |       |   |     |     |     |    |                                  |     |       |     |     |                                    |     |       |     |     |                                |     |     |     |     |                  |     |     |     |     |                 |     |     |     |     |                               |     |    |     |    |   |     |     |     |     |   |     |    |     |    |  |     |     |     |     |   |     |     |     |     |  |
| 113   | 1,840*       | 113           | 1,840*       | Requesting publication of SIR after Examiner action                        |                 |          |               |          |               |          |     |     |     |     |                    |  |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |    |                     |  |  |  |  |         |              |  |              |  |                |  |          |  |             |   |      |   |   |   |   |   |                    |  |     |   |   |   |   |   |              |  |              |  |                 |          |               |          |               |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |  |  |     |    |     |   |  |  |                     |  |  |  |  |        |   |              |  |              |  |                 |               |          |               |          |     |     |     |    |                                     |     |    |     |    |   |     |     |     |     |                           |     |       |     |       |  |     |      |     |      |  |     |        |     |        |   |     |     |     |    |  |     |     |     |     |   |     |     |     |     |  |     |       |     |     |   |     |       |     |     |  |     |     |     |     |                  |     |     |     |     |  |     |     |     |     |                          |     |       |     |       |   |     |     |     |    |                                  |     |       |     |     |                                    |     |       |     |     |                                |     |     |     |     |                  |     |     |     |     |                 |     |     |     |     |                               |     |    |     |    |   |     |     |     |     |   |     |    |     |    |  |     |     |     |     |   |     |     |     |     |  |
| 115   | 110          | 215           | 55           | Extension for reply within first month                                     |                 |          |               |          |               |          |     |     |     |     |                    |  |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |    |                     |  |  |  |  |         |              |  |              |  |                |  |          |  |             |   |      |   |   |   |   |   |                    |  |     |   |   |   |   |   |              |  |              |  |                 |          |               |          |               |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |  |  |     |    |     |   |  |  |                     |  |  |  |  |        |   |              |  |              |  |                 |               |          |               |          |     |     |     |    |                                     |     |    |     |    |   |     |     |     |     |                           |     |       |     |       |  |     |      |     |      |  |     |        |     |        |   |     |     |     |    |  |     |     |     |     |   |     |     |     |     |  |     |       |     |     |   |     |       |     |     |  |     |     |     |     |                  |     |     |     |     |  |     |     |     |     |                          |     |       |     |       |   |     |     |     |    |                                  |     |       |     |     |                                    |     |       |     |     |                                |     |     |     |     |                  |     |     |     |     |                 |     |     |     |     |                               |     |    |     |    |   |     |     |     |     |   |     |    |     |    |  |     |     |     |     |   |     |     |     |     |  |
| 116   | 380          | 216           | 190          | Extension for reply within second month                                    |                 |          |               |          |               |          |     |     |     |     |                    |  |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |    |                     |  |  |  |  |         |              |  |              |  |                |  |          |  |             |   |      |   |   |   |   |   |                    |  |     |   |   |   |   |   |              |  |              |  |                 |          |               |          |               |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |  |  |     |    |     |   |  |  |                     |  |  |  |  |        |   |              |  |              |  |                 |               |          |               |          |     |     |     |    |                                     |     |    |     |    |   |     |     |     |     |                           |     |       |     |       |  |     |      |     |      |  |     |        |     |        |   |     |     |     |    |  |     |     |     |     |   |     |     |     |     |  |     |       |     |     |   |     |       |     |     |  |     |     |     |     |                  |     |     |     |     |  |     |     |     |     |                          |     |       |     |       |   |     |     |     |    |                                  |     |       |     |     |                                    |     |       |     |     |                                |     |     |     |     |                  |     |     |     |     |                 |     |     |     |     |                               |     |    |     |    |   |     |     |     |     |   |     |    |     |    |  |     |     |     |     |   |     |     |     |     |  |
| 117   | 870          | 217           | 435          | Extension for reply within third month                                     |                 |          |               |          |               |          |     |     |     |     |                    |  |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |    |                     |  |  |  |  |         |              |  |              |  |                |  |          |  |             |   |      |   |   |   |   |   |                    |  |     |   |   |   |   |   |              |  |              |  |                 |          |               |          |               |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |  |  |     |    |     |   |  |  |                     |  |  |  |  |        |   |              |  |              |  |                 |               |          |               |          |     |     |     |    |                                     |     |    |     |    |   |     |     |     |     |                           |     |       |     |       |  |     |      |     |      |  |     |        |     |        |   |     |     |     |    |  |     |     |     |     |   |     |     |     |     |  |     |       |     |     |   |     |       |     |     |  |     |     |     |     |                  |     |     |     |     |  |     |     |     |     |                          |     |       |     |       |   |     |     |     |    |                                  |     |       |     |     |                                    |     |       |     |     |                                |     |     |     |     |                  |     |     |     |     |                 |     |     |     |     |                               |     |    |     |    |   |     |     |     |     |   |     |    |     |    |  |     |     |     |     |   |     |     |     |     |  |
| 118   | 1,360        | 218           | 680          | Extension for reply within fourth month                                    |                 |          |               |          |               |          |     |     |     |     |                    |  |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |    |                     |  |  |  |  |         |              |  |              |  |                |  |          |  |             |   |      |   |   |   |   |   |                    |  |     |   |   |   |   |   |              |  |              |  |                 |          |               |          |               |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |  |  |     |    |     |   |  |  |                     |  |  |  |  |        |   |              |  |              |  |                 |               |          |               |          |     |     |     |    |                                     |     |    |     |    |   |     |     |     |     |                           |     |       |     |       |  |     |      |     |      |  |     |        |     |        |   |     |     |     |    |  |     |     |     |     |   |     |     |     |     |  |     |       |     |     |   |     |       |     |     |  |     |     |     |     |                  |     |     |     |     |  |     |     |     |     |                          |     |       |     |       |   |     |     |     |    |                                  |     |       |     |     |                                    |     |       |     |     |                                |     |     |     |     |                  |     |     |     |     |                 |     |     |     |     |                               |     |    |     |    |   |     |     |     |     |   |     |    |     |    |  |     |     |     |     |   |     |     |     |     |  |
| 128   | 1,850        | 228           | 925          | Extension for reply within fifth month                                     |                 |          |               |          |               |          |     |     |     |     |                    |  |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |    |                     |  |  |  |  |         |              |  |              |  |                |  |          |  |             |   |      |   |   |   |   |   |                    |  |     |   |   |   |   |   |              |  |              |  |                 |          |               |          |               |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |  |  |     |    |     |   |  |  |                     |  |  |  |  |        |   |              |  |              |  |                 |               |          |               |          |     |     |     |    |                                     |     |    |     |    |   |     |     |     |     |                           |     |       |     |       |  |     |      |     |      |  |     |        |     |        |   |     |     |     |    |  |     |     |     |     |   |     |     |     |     |  |     |       |     |     |   |     |       |     |     |  |     |     |     |     |                  |     |     |     |     |  |     |     |     |     |                          |     |       |     |       |   |     |     |     |    |                                  |     |       |     |     |                                    |     |       |     |     |                                |     |     |     |     |                  |     |     |     |     |                 |     |     |     |     |                               |     |    |     |    |   |     |     |     |     |   |     |    |     |    |  |     |     |     |     |   |     |     |     |     |  |
| 119   | 300          | 219           | 150          | Notice of Appeal   |                 |          |               |          |               |          |     |     |     |     |                    |  |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |    |                     |  |  |  |  |         |              |  |              |  |                |  |          |  |             |   |      |   |   |   |   |   |                    |  |     |   |   |   |   |   |              |  |              |  |                 |          |               |          |               |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |  |  |     |    |     |   |  |  |                     |  |  |  |  |        |   |              |  |              |  |                 |               |          |               |          |     |     |     |    |                                     |     |    |     |    |   |     |     |     |     |                           |     |       |     |       |  |     |      |     |      |  |     |        |     |        |   |     |     |     |    |  |     |     |     |     |   |     |     |     |     |  |     |       |     |     |   |     |       |     |     |  |     |     |     |     |                  |     |     |     |     |  |     |     |     |     |                          |     |       |     |       |   |     |     |     |    |                                  |     |       |     |     |                                    |     |       |     |     |                                |     |     |     |     |                  |     |     |     |     |                 |     |     |     |     |                               |     |    |     |    |   |     |     |     |     |   |     |    |     |    |  |     |     |     |     |   |     |     |     |     |  |
| 120   | 300          | 220           | 150          | Filing a brief in support of an appeal                                     |                 |          |               |          |               |          |     |     |     |     |                    |  |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |    |                     |  |  |  |  |         |              |  |              |  |                |  |          |  |             |   |      |   |   |   |   |   |                    |  |     |   |   |   |   |   |              |  |              |  |                 |          |               |          |               |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |  |  |     |    |     |   |  |  |                     |  |  |  |  |        |   |              |  |              |  |                 |               |          |               |          |     |     |     |    |                                     |     |    |     |    |   |     |     |     |     |                           |     |       |     |       |  |     |      |     |      |  |     |        |     |        |   |     |     |     |    |  |     |     |     |     |   |     |     |     |     |  |     |       |     |     |   |     |       |     |     |  |     |     |     |     |                  |     |     |     |     |  |     |     |     |     |                          |     |       |     |       |   |     |     |     |    |                                  |     |       |     |     |                                    |     |       |     |     |                                |     |     |     |     |                  |     |     |     |     |                 |     |     |     |     |                               |     |    |     |    |   |     |     |     |     |   |     |    |     |    |  |     |     |     |     |   |     |     |     |     |  |
| 121   | 260          | 221           | 130          | Request for oral hearing   |                 |          |               |          |               |          |     |     |     |     |                    |  |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |    |                     |  |  |  |  |         |              |  |              |  |                |  |          |  |             |   |      |   |   |   |   |   |                    |  |     |   |   |   |   |   |              |  |              |  |                 |          |               |          |               |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |  |  |     |    |     |   |  |  |                     |  |  |  |  |        |   |              |  |              |  |                 |               |          |               |          |     |     |     |    |                                     |     |    |     |    |   |     |     |     |     |                           |     |       |     |       |  |     |      |     |      |  |     |        |     |        |   |     |     |     |    |  |     |     |     |     |   |     |     |     |     |  |     |       |     |     |   |     |       |     |     |  |     |     |     |     |                  |     |     |     |     |  |     |     |     |     |                          |     |       |     |       |   |     |     |     |    |                                  |     |       |     |     |                                    |     |       |     |     |                                |     |     |     |     |                  |     |     |     |     |                 |     |     |     |     |                               |     |    |     |    |   |     |     |     |     |   |     |    |     |    |  |     |     |     |     |   |     |     |     |     |  |
| 138   | 1,510        | 138           | 1,510        | Petition to institute a public use proceeding                              |                 |          |               |          |               |          |     |     |     |     |                    |  |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |    |                     |  |  |  |  |         |              |  |              |  |                |  |          |  |             |   |      |   |   |   |   |   |                    |  |     |   |   |   |   |   |              |  |              |  |                 |          |               |          |               |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |  |  |     |    |     |   |  |  |                     |  |  |  |  |        |   |              |  |              |  |                 |               |          |               |          |     |     |     |    |                                     |     |    |     |    |   |     |     |     |     |                           |     |       |     |       |  |     |      |     |      |  |     |        |     |        |   |     |     |     |    |  |     |     |     |     |   |     |     |     |     |  |     |       |     |     |   |     |       |     |     |  |     |     |     |     |                  |     |     |     |     |  |     |     |     |     |                          |     |       |     |       |   |     |     |     |    |                                  |     |       |     |     |                                    |     |       |     |     |                                |     |     |     |     |                  |     |     |     |     |                 |     |     |     |     |                               |     |    |     |    |   |     |     |     |     |   |     |    |     |    |  |     |     |     |     |   |     |     |     |     |  |
| 140   | 110          | 240           | 55           | Petition to revive - unavoidable   |                 |          |               |          |               |          |     |     |     |     |                    |  |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |    |                     |  |  |  |  |         |              |  |              |  |                |  |          |  |             |   |      |   |   |   |   |   |                    |  |     |   |   |   |   |   |              |  |              |  |                 |          |               |          |               |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |  |  |     |    |     |   |  |  |                     |  |  |  |  |        |   |              |  |              |  |                 |               |          |               |          |     |     |     |    |                                     |     |    |     |    |   |     |     |     |     |                           |     |       |     |       |  |     |      |     |      |  |     |        |     |        |   |     |     |     |    |  |     |     |     |     |   |     |     |     |     |  |     |       |     |     |   |     |       |     |     |  |     |     |     |     |                  |     |     |     |     |  |     |     |     |     |                          |     |       |     |       |   |     |     |     |    |                                  |     |       |     |     |                                    |     |       |     |     |                                |     |     |     |     |                  |     |     |     |     |                 |     |     |     |     |                               |     |    |     |    |   |     |     |     |     |   |     |    |     |    |  |     |     |     |     |   |     |     |     |     |  |
| 141   | 1,210        | 241           | 605          | Petition to revive - unintentional   |                 |          |               |          |               |          |     |     |     |     |                    |  |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |    |                     |  |  |  |  |         |              |  |              |  |                |  |          |  |             |   |      |   |   |   |   |   |                    |  |     |   |   |   |   |   |              |  |              |  |                 |          |               |          |               |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |  |  |     |    |     |   |  |  |                     |  |  |  |  |        |   |              |  |              |  |                 |               |          |               |          |     |     |     |    |                                     |     |    |     |    |   |     |     |     |     |                           |     |       |     |       |  |     |      |     |      |  |     |        |     |        |   |     |     |     |    |  |     |     |     |     |   |     |     |     |     |  |     |       |     |     |   |     |       |     |     |  |     |     |     |     |                  |     |     |     |     |  |     |     |     |     |                          |     |       |     |       |   |     |     |     |    |                                  |     |       |     |     |                                    |     |       |     |     |                                |     |     |     |     |                  |     |     |     |     |                 |     |     |     |     |                               |     |    |     |    |   |     |     |     |     |   |     |    |     |    |  |     |     |     |     |   |     |     |     |     |  |
| 142   | 1,210        | 242           | 605          | Utility issue fee (or reissue)   |                 |          |               |          |               |          |     |     |     |     |                    |  |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |    |                     |  |  |  |  |         |              |  |              |  |                |  |          |  |             |   |      |   |   |   |   |   |                    |  |     |   |   |   |   |   |              |  |              |  |                 |          |               |          |               |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |  |  |     |    |     |   |  |  |                     |  |  |  |  |        |   |              |  |              |  |                 |               |          |               |          |     |     |     |    |                                     |     |    |     |    |   |     |     |     |     |                           |     |       |     |       |  |     |      |     |      |  |     |        |     |        |   |     |     |     |    |  |     |     |     |     |   |     |     |     |     |  |     |       |     |     |   |     |       |     |     |  |     |     |     |     |                  |     |     |     |     |  |     |     |     |     |                          |     |       |     |       |   |     |     |     |    |                                  |     |       |     |     |                                    |     |       |     |     |                                |     |     |     |     |                  |     |     |     |     |                 |     |     |     |     |                               |     |    |     |    |   |     |     |     |     |   |     |    |     |    |  |     |     |     |     |   |     |     |     |     |  |
| 143   | 430          | 243           | 215          | Design issue fee   |                 |          |               |          |               |          |     |     |     |     |                    |  |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |    |                     |  |  |  |  |         |              |  |              |  |                |  |          |  |             |   |      |   |   |   |   |   |                    |  |     |   |   |   |   |   |              |  |              |  |                 |          |               |          |               |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |  |  |     |    |     |   |  |  |                     |  |  |  |  |        |   |              |  |              |  |                 |               |          |               |          |     |     |     |    |                                     |     |    |     |    |   |     |     |     |     |                           |     |       |     |       |  |     |      |     |      |  |     |        |     |        |   |     |     |     |    |  |     |     |     |     |   |     |     |     |     |  |     |       |     |     |   |     |       |     |     |  |     |     |     |     |                  |     |     |     |     |  |     |     |     |     |                          |     |       |     |       |   |     |     |     |    |                                  |     |       |     |     |                                    |     |       |     |     |                                |     |     |     |     |                  |     |     |     |     |                 |     |     |     |     |                               |     |    |     |    |   |     |     |     |     |   |     |    |     |    |  |     |     |     |     |   |     |     |     |     |  |
| 144   | 580          | 244           | 290          | Plant issue fee  |                 |          |               |          |               |          |     |     |     |     |                    |  |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |    |                     |  |  |  |  |         |              |  |              |  |                |  |          |  |             |   |      |   |   |   |   |   |                    |  |     |   |   |   |   |   |              |  |              |  |                 |          |               |          |               |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |  |  |     |    |     |   |  |  |                     |  |  |  |  |        |   |              |  |              |  |                 |               |          |               |          |     |     |     |    |                                     |     |    |     |    |   |     |     |     |     |                           |     |       |     |       |  |     |      |     |      |  |     |        |     |        |   |     |     |     |    |  |     |     |     |     |   |     |     |     |     |  |     |       |     |     |   |     |       |     |     |  |     |     |     |     |                  |     |     |     |     |  |     |     |     |     |                          |     |       |     |       |   |     |     |     |    |                                  |     |       |     |     |                                    |     |       |     |     |                                |     |     |     |     |                  |     |     |     |     |                 |     |     |     |     |                               |     |    |     |    |   |     |     |     |     |   |     |    |     |    |  |     |     |     |     |   |     |     |     |     |  |
| 122   | 130          | 122           | 130          | Petitions to the Commissioner  |                 |          |               |          |               |          |     |     |     |     |                    |  |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |    |                     |  |  |  |  |         |              |  |              |  |                |  |          |  |             |   |      |   |   |   |   |   |                    |  |     |   |   |   |   |   |              |  |              |  |                 |          |               |          |               |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |  |  |     |    |     |   |  |  |                     |  |  |  |  |        |   |              |  |              |  |                 |               |          |               |          |     |     |     |    |                                     |     |    |     |    |   |     |     |     |     |                           |     |       |     |       |  |     |      |     |      |  |     |        |     |        |   |     |     |     |    |  |     |     |     |     |   |     |     |     |     |  |     |       |     |     |   |     |       |     |     |  |     |     |     |     |                  |     |     |     |     |  |     |     |     |     |                          |     |       |     |       |   |     |     |     |    |                                  |     |       |     |     |                                    |     |       |     |     |                                |     |     |     |     |                  |     |     |     |     |                 |     |     |     |     |                               |     |    |     |    |   |     |     |     |     |   |     |    |     |    |  |     |     |     |     |   |     |     |     |     |  |
| 123   | 50           | 123           | 50           | Petitions related to provisional applications                              |                 |          |               |          |               |          |     |     |     |     |                    |  |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |    |                     |  |  |  |  |         |              |  |              |  |                |  |          |  |             |   |      |   |   |   |   |   |                    |  |     |   |   |   |   |   |              |  |              |  |                 |          |               |          |               |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |  |  |     |    |     |   |  |  |                     |  |  |  |  |        |   |              |  |              |  |                 |               |          |               |          |     |     |     |    |                                     |     |    |     |    |   |     |     |     |     |                           |     |       |     |       |  |     |      |     |      |  |     |        |     |        |   |     |     |     |    |  |     |     |     |     |   |     |     |     |     |  |     |       |     |     |   |     |       |     |     |  |     |     |     |     |                  |     |     |     |     |  |     |     |     |     |                          |     |       |     |       |   |     |     |     |    |                                  |     |       |     |     |                                    |     |       |     |     |                                |     |     |     |     |                  |     |     |     |     |                 |     |     |     |     |                               |     |    |     |    |   |     |     |     |     |   |     |    |     |    |  |     |     |     |     |   |     |     |     |     |  |
| 126   | 240          | 126           | 240          | Submission of Information Disclosure Stmt                                  |                 |          |               |          |               |          |     |     |     |     |                    |  |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |    |                     |  |  |  |  |         |              |  |              |  |                |  |          |  |             |   |      |   |   |   |   |   |                    |  |     |   |   |   |   |   |              |  |              |  |                 |          |               |          |               |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |  |  |     |    |     |   |  |  |                     |  |  |  |  |        |   |              |  |              |  |                 |               |          |               |          |     |     |     |    |                                     |     |    |     |    |   |     |     |     |     |                           |     |       |     |       |  |     |      |     |      |  |     |        |     |        |   |     |     |     |    |  |     |     |     |     |   |     |     |     |     |  |     |       |     |     |   |     |       |     |     |  |     |     |     |     |                  |     |     |     |     |  |     |     |     |     |                          |     |       |     |       |   |     |     |     |    |                                  |     |       |     |     |                                    |     |       |     |     |                                |     |     |     |     |                  |     |     |     |     |                 |     |     |     |     |                               |     |    |     |    |   |     |     |     |     |   |     |    |     |    |  |     |     |     |     |   |     |     |     |     |  |
| 581   | 40           | 581           | 40           | Recording each patent assignment per property (times number of properties) |                 |          |               |          |               |          |     |     |     |     |                    |  |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |    |                     |  |  |  |  |         |              |  |              |  |                |  |          |  |             |   |      |   |   |   |   |   |                    |  |     |   |   |   |   |   |              |  |              |  |                 |          |               |          |               |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |  |  |     |    |     |   |  |  |                     |  |  |  |  |        |   |              |  |              |  |                 |               |          |               |          |     |     |     |    |                                     |     |    |     |    |   |     |     |     |     |                           |     |       |     |       |  |     |      |     |      |  |     |        |     |        |   |     |     |     |    |  |     |     |     |     |   |     |     |     |     |  |     |       |     |     |   |     |       |     |     |  |     |     |     |     |                  |     |     |     |     |  |     |     |     |     |                          |     |       |     |       |   |     |     |     |    |                                  |     |       |     |     |                                    |     |       |     |     |                                |     |     |     |     |                  |     |     |     |     |                 |     |     |     |     |                               |     |    |     |    |   |     |     |     |     |   |     |    |     |    |  |     |     |     |     |   |     |     |     |     |  |
| 146   | 760          | 246           | 380          | Filing a submission after final rejection (37 CFR § 1.129(a))              |                 |          |               |          |               |          |     |     |     |     |                    |  |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |    |                     |  |  |  |  |         |              |  |              |  |                |  |          |  |             |   |      |   |   |   |   |   |                    |  |     |   |   |   |   |   |              |  |              |  |                 |          |               |          |               |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |  |  |     |    |     |   |  |  |                     |  |  |  |  |        |   |              |  |              |  |                 |               |          |               |          |     |     |     |    |                                     |     |    |     |    |   |     |     |     |     |                           |     |       |     |       |  |     |      |     |      |  |     |        |     |        |   |     |     |     |    |  |     |     |     |     |   |     |     |     |     |  |     |       |     |     |   |     |       |     |     |  |     |     |     |     |                  |     |     |     |     |  |     |     |     |     |                          |     |       |     |       |   |     |     |     |    |                                  |     |       |     |     |                                    |     |       |     |     |                                |     |     |     |     |                  |     |     |     |     |                 |     |     |     |     |                               |     |    |     |    |   |     |     |     |     |   |     |    |     |    |  |     |     |     |     |   |     |     |     |     |  |
| 149   | 760          | 249           | 380          | For each additional invention to be examined (37 CFR § 1.129(b))           |                 |          |               |          |               |          |     |     |     |     |                    |  |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |    |                     |  |  |  |  |         |              |  |              |  |                |  |          |  |             |   |      |   |   |   |   |   |                    |  |     |   |   |   |   |   |              |  |              |  |                 |          |               |          |               |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |  |  |     |    |     |   |  |  |                     |  |  |  |  |        |   |              |  |              |  |                 |               |          |               |          |     |     |     |    |                                     |     |    |     |    |   |     |     |     |     |                           |     |       |     |       |  |     |      |     |      |  |     |        |     |        |   |     |     |     |    |  |     |     |     |     |   |     |     |     |     |  |     |       |     |     |   |     |       |     |     |  |     |     |     |     |                  |     |     |     |     |  |     |     |     |     |                          |     |       |     |       |   |     |     |     |    |                                  |     |       |     |     |                                    |     |       |     |     |                                |     |     |     |     |                  |     |     |     |     |                 |     |     |     |     |                               |     |    |     |    |   |     |     |     |     |   |     |    |     |    |  |     |     |     |     |   |     |     |     |     |  |

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|---------------------|-----------------|-----------------------------------|------------------------|
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